TRAVEL EXPENSE CLAIM			Traveler ID	L Sam	and *Privacy Statement on Reverse Side					age	O YES			
			Year	SSN OR E	SSN OR EMPLOYEE NUMBER*					RTMENT				
Kaira Esgate	3-2009	DIVISION OF RUPEAU					OPR		PCA#					
Director of Exter	EXEMPT			HEADOLL	California Volunteers						TELEPHONE NUMBE			
							1110 K Street, Suite 210					STATE	916-323-4982 ZIP CODE	
Sacramento			STATE ZIP CODE CA 95818			Sacramento					CA		95814	
1) MONTH/YEAR (3)		(4) (5) MEALS		(6) (7) TR			TRA	ANSPORTATION			(8)	(9)		
pr 2009 LOCATION WHERE EXPENSES WERE INCURRED		ON INSES	LODGING			O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT	BUSINESS	TOTAL	
DATE TIME	•			BREAK- FAST	LUNCH							AMOUNT	EXPENSE	TOTAL EXPENSE FOR DA
								*,				\$0.00		\$0.0
04/28 1020 Oak	kland/SF/Oakland							\$38.50		39 <u>.50</u>		\$0.00		<i>39.5</i> \$46.
												\$0.00		\$0.
												\$0.00		\$0.
												\$0.00		\$0.0
		· · · · · · · · · · · · · · · · · · ·										\$0.00		\$0.
								ξΠW	E			\$0.00		\$0.
								***************************************				\$0.00		\$0.
<del> </del>							JUN	- 1 200	9			\$0.00		\$0.
						OFFI	CE OF PLA	VNING & RE	SEA	I KCH		\$0.00		\$0.
	·					· · · · · · · · · · · · · · · · · · ·	ibiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	THAE OFILA	1023			\$0.00		\$0.
												\$0.00		\$0.0
												\$0.00		50.5
0) SUBTOTAL	S							\$38.50		92.96 <del>\$8.00</del>	•	0		39.5 \$46
	CODE (ACC	TG. USE	OMLY)										~ ~	
										CLAIM	TOTA	- \$ <sup>.</sup>	39.50	<del>\$46.5</del>
1) PURPOSE OF TRIP, R											(12)	NORMAL MA	JBK HUI IBG	
4/28: Was in Oa Attended Nation	kland for ev al Youth Le	vent (tra eadershi	veled with p Council l	staff-no Luncheo	travel co n in Oak	sts to ar land	d from (	Dakland).			(13)	PRIVATE VE	NO DI	
	•										(14)	MILEAGE R	ATE CLAIMEI	D
											AGE	NCY ACC	DUNTING E ONLY	OFFIC
										PAID 8	PAID BY REVOLVING FUND CHECK NUMBER			
HEREBY CERTIFY That the first that t	ne above is a true sused, and if milea	statement of	the travel expense	es incurred by ate, I certify the	me in accord	ance with DPA operating the	rules in the s	ervice of the St	ate of	California. In the rate	f a		\$0	).55
aimed, and that I have me		as prescribe	by SAM Sections	DATE	0/52, 0753, a			F OFFISER AP			EL AND F	AYMENT	DATE	lace
VIGIA	2 4 MM	11)		į.		1 //		F-16		_			19/1	1001